## **Instructions for completing the Driveway Repair Application**

This application is for the maintenance of accessible driveways for Muscogee (Creek) Nation enrolled tribal members and property owners, who reside within the territorial jurisdiction of the Muscogee (Creek) Nation. This program addresses the needs of the Muscogee (Creek) Nation citizen's, to repair or replace existing driveways. The selection of eligible families/individual's to participate in this program will be made by the Tribal Driveway's program manager. Selection shall be based on all the factor's contained in the application, an on-site inspection of the land/property, and the amount of funding currently available to the Tribal Driveways.

Individual's wishing to apply for assistance should submit the foregoing application to:

Muscogee (Creek) Nation Attn: Tribal Driveways Program P.O. Box 580 Okmulgee, OK 74447

PLEASE RETURN COPIES OF THE FOLLOWING DOCUMENTS ALONG WITH YOUR APPLICATION:

- 1) Copy of Creek Citizenship Card
- 2) Copy of Warranty Deed to property in your name
- 3) Copy of Driver's License (or Oklahoma ID)

Failure to include any of the above listed information will delay the application process and the applicant will be notified by mail. Once inspected, applicant's will receive an on-site inspection letter by mail.

\*ELIGIBILITY: Will be limited to no more than one (1) service every four (4) year's for the property seeking services. Tribal Driveway's will do the repair work on driveway's at no charge. Each project will be limited.

\*PRIORITY: Will be given to the elderly, applicant's who are suffering from a severe health problem, handicap permanent disability and driveway's that are rapidly deteriorating. SERVICES DO NOT INCLUDE: LANDSCAPE, BLACKTOP, CONCRETE, BRIDGES OR BUILDING NEW DRIVEWAYS. YOU MUST OWN AND LIVE ON THE PROPERTY AND HAVE AN EXISTING DRIVEWAY TO BE ELIGIBLE.

If eligible, everyone will be served. Please be patient and we will get to you as soon as we can. The waiting period for this program could be approximately six (6) months to a year.

## MUSCOGEE (CREEK) NATION TRIBAL DRIVEWAY REPAIR APPLICATION

| Last                                  |                      | First              |                      | MI        |
|---------------------------------------|----------------------|--------------------|----------------------|-----------|
| ADDRESS:                              |                      | COUNTY:            |                      |           |
|                                       | ity                  | State              |                      | Zip Code  |
| HOME PH#                              | WK#                  |                    | CELL#                |           |
| DATE OF BIRTH:                        |                      | AGE:               |                      |           |
| CREEK ROLL NUMB                       |                      |                    | <del></del>          |           |
|                                       | (Include a copy      | of Enrollment Citi | zenship Card)        |           |
| MARITAL STATUS:                       | MARRIED              | SINGLE             | WIDOWED              |           |
| SPOUSE'S NAME:                        |                      |                    |                      |           |
|                                       | Last                 | First              | MI                   |           |
| SPOUSE'S DATE OF BIRTH:               |                      | AG                 | E:                   |           |
|                                       | FAMILY I             | NFORMATION         | [                    |           |
| List all other persons living person: | g in the household o | n a permanent ba   | sis, starting with t | he eldest |
| NAME:                                 | <u>AGE</u>           | <u>R</u>           | RELATIONSHIP         |           |
|                                       |                      |                    |                      |           |
|                                       |                      |                    |                      |           |
| If you need additional spac           | 1 4 1                | 1 0.1:             |                      |           |

## **MEDICAL INFORMATION**

| Does anyone in your family who was listed as a permanent resident on page 1 of this application suffer from a severe health problem, handicap or permanent disability? If yes, please provide the name, relationship and brief description of said problem and attach certified documentation (Doctor's statement describing the ailment) to this application. |   |  |  |  |
|--|---|--|--|--|
| LAND INFOR   | RMATION                                       |  |  |  |
| Do you own the property on which you need work   | k performed on?                               |  |  |  |
| Do you presently <u>live</u> on the below described prop   | perty?  |  |  |  |
| Please state the legal description of the property.  | (Please include a copy of the deed.)          |  |  |  |
|  |   |  |  |  |
| Please give directions and general location to your  | r home or area where work is to be performed: |  |  |  |
| Describe briefly the work that you are requesting. gravel, etc.)   |   |  |  |  |
| What is the approximate length of the driveway? _ APPLICANT'S CERTIFICATION:   |   |  |  |  |
| I CERTIFIED THAT ALL OF THE ANSWER CORRECT TO THE BEST OF MY KNOWLE INFORMATION GIVEN WILL CAUSE <u>AUTO</u>   | EDGE. I UNDERSTAND THAT ANY FALSE             |  |  |  |
| Applicant's Signature  | Date  |  |  |  |
| Spouse's Signature   | Date  |  |  |  |

## TREE LIMB AGREEMENT

| interference in the widening, graveling and   | s, limbs and/or an entire tree is necessary due to it's clearing of ditches for repair or replacement services. er access for equipment and to allow extra sunlight to |
|---|--|
| •   | r the landowner (the person requesting driveway repair ill provide removal upon the signature of the landowner.  |
| If an objection is made to removal, please st   | tate the objection below.  |
| Because of the above reason (s), I object to that the requested driveway repair can be co | the removal of branches, limbs and/or an entire tree so<br>empleted.   |
| Applicant's Signature   | Date   |
| I do not object to the removal of branches, lir<br>repair can be completed.               | mbs and/or an entire tree so that the requested driveway   |
| Applicant's Signature   | Date   |
| Tribal Driveways Representative Signature   | Date   |